State of California—Health and Welfare Agency

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Department of Health Services Toxic Substances Control Division Secremento, California

4	T	UNIFORM HAZARDOUS WASTE MANIFEST  1. Generator's US EPA ID N C.I. A. T. 0000 1.3		Manifest Document No.	2. Page 1	Informatis not law.	tion in t	he shaded areas ed by Federal	
	1	3. Generator's Name and Mailing Address F. M. Thomas	A. State A	State Manifest Document Number 86534407					
		231 Gemini, Brea, CA	B. State Generator a ID CA 1000038034						
		Generator's Phone (714) 738-1062 Transporter 1 Company Name	C. State Transporter's ID						
	-	F. M. Thomas $C A_i X$	8 034 Number	D. Transporter's Phone 7 1 4 / 7 38 - 1 0 62					
	1	7. Transporter 2 Company Name 8.		E: State Transporter's ID  F: Transporter's Phone					
	9	Designated Facility Name and Site Address 10.  Omega Recovery Services	Number	G. State F CADO4	224500	1			
		12504 E. Whittier Blvd.	00 1	H. Facility's Phone 213/698-0991 ntainers 13. 14.					
	H	Whittier, CA 90602 CAD C							
	L	1. US DOT Description (Including Proper Shipping Name, Hazard Class, and		No.	Туре	Total Quantity	Unit Wt/Voi	Waste No.	
G	1	Hazardous Waste Liquid N.O.S. ORM- NA 918	- E 3 9	000	5.4	Ì	P	211	
N E R	L	(R-11)		003	D <sub>W</sub>		P		
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				T T		111		ă.	
	J. Additional Descriptions for Materials Listed Above  K. Handling Codes for V							isted Above	
					ROI				
						1			
$\ $	1	5. Special Handling Instructions, and Additional Information		1	1				
								ñ	
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by								
	1	proper shipping name and are classified, packed, marked, and labeled, and	no are ili ali les	specis in proper	condition		,		
	Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification.								
	have determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, or determined to be economically practicable and I have selected the method of treatment, storage, and the selected								
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TR	-	17. Transporter 1 Acknowledgement of Receipt of Materials	gnature	$\overline{\Omega}$				Month Day Year	
ANSP	1	MIKE RAIESH	Mil	2/6	Qo	2		151 17186	
POR	1	18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Si	gnature					Month Day Year	
ORTER		Frinteu/Typeo Name						шш	
F	1	19. Discrepancy Indication Space  KECKINED 570 165.				1			
FACILI	1	V. 2 - 2 - 12 - 12 - 12 - 12 - 12 - 12 -				i			
LIT	1 20 Facility Owner or Operator: Certification of receipt of nazardous materials consider by this manner charge.								
*	F	Printed/Typed Name Si	gnature		he			Month Day Year	
	L	inho HALTE	- Sant	manufacture contract		<del>                                     </del>			

DHS 8022 A (11/85) (EPA 8700-22)

86534407

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: PO Box 3000, Sacramento CA 95812